



SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

Principal

School of Postgraduate Studies
Dow University of Health Sciences,
Karachi.

Date: _____

APPLICATION FOR FINAL EXPERIENCE CERTIFICATE (3-YEARS / 4-YEARS)

☐ Tentative ☐ Final

Name of Trainee:		Father's Name:	
Specialty:		Dept.-Unit-Institute:	
Supervisor's Name:		Duration of previous training : (if Any)	
Joining Date of Parent ward:		CMS /Enrollment ID:	
Duration of enrolled Training:		Expected Date of completion:	

Following are the details of my internal & external rotations during my training period. It is requested that please issue my experience certificate for the purpose of FCPS-II exam. (Final experience will be issued once after complete all requirement of training).

S#	Internal & External Department	From	To	Supervisor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date: _____

Applicant Signature

Supervisor (Sign & Stamp)

Remarks by HOD

- ☐ Recommended
☐ Not-recommended

Signature: _____
HOD (SIGNATURE & SEAL)

Encl:

1. LOR rotational department.
2. Supplementary sheet if needed.
3. Copy of IMM experience certificate.

Date _____ & _____
SPGS Receiving